

New Hampshire Bureau of Developmental Services
ANNUAL PHYSICAL EXAMINATION FORM

Name:						Date:	
Vital Signs:	Ht	Wt	T	BP	P	R	
General Appearance:							
HEENT							
Head							
Ears/Eyes							
Nose/Mouth/Throat							
Neck:							
Chest:							
Breast:							
Heart:							
Lungs:							
Abdomen:							
Genitalia: GYN/Testicular Exam							
Rectum:							
Musculoskeletal: Back/Spine							
Extremities							
Lymph Nodes:							
Circulatory:							
Neurological: Cranial Nerves							
Reflexes							
Sensory							
Motor							
Cognitive							
Other:							

HC Provider Signature: _____

